

# United States District Court

District of the Northern Mariana Islands

Robert D. Bradshaw

Plaintiff

V.

## SUMMONS IN A CIVIL CASE

COMMONWEALTH OF THE NORTHERN  
MARIANA ISLANDS, et al.  
See attached listing.

Defendants

CASE NUMBER: CV 05-0027

### COMPLAINT and AMENDED COMPLAINT

FILED  
Clerk  
District Court

DEC 19 2005

TO: (Name and address of Defendant)

Commonwealth of the Northern Mariana Islands  
Attention Governor Juan N. Babauta, Chief Executive Officer  
Juan S. Atalig Memorial Bldg  
Isa Drive, Capitol Hill  
Saipan, MP 96950 Phone: 670-664-2200

For The Northern Mariana Islands  
By \_\_\_\_\_  
(Deputy Clerk)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Robert D. Bradshaw  
Plaintiff, Pro Se  
PO Box 473  
1530 W. Trout Creek Road  
Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK



(By) DEPUTY CLERK

SEP 22 2005

DATE

\*AO 440

(Rev. 08/01) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <u>NOV 30, 2005</u>
NAME OF SERVER (PRINT) <u>ROBERT D. BRAOSHAW</u>	TITLE <u>PLAINTIFF</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): CERTIFIED MAIL RETURN RECEIPT  
ATTACHED

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on NOV 30, 2005 Date

Robert D. Brashaw Signature of Server

Box 473

CALDER, ID 83808 Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

**LISTING OF DEFENDANTS FOR SUMMONS**

COMMONWEALTH OF THE NORTHERN )  
MARIANA ISLANDS (hereafter referred to )  
as the CNMI); NICOLE C. FORELLI, former )  
Acting Attorney General of the CNMI, in her )  
personal/individual capacity; WILLIAM C. )  
BUSH, former Assistant Attorney General of )  
the CNMI, in his personal/individual capacity; )  
**D. DOUGLAS COTTON, former )**  
**Assistant Attorney General of the CNMI )**  
**in his personal/individual capacity; L. )**  
DAVID SOSEBEE, former Assistant Attorney )  
General of the CNMI, in his personal/individual )  
capacity; ANDREW CLAYTON, former )  
Assistant Attorney General of the CNMI, in his )  
personal/individual capacity; Other )  
UNKNOWN and UNNAMED person or )  
persons in the CNMI OFFICE OF THE )  
ATTORNEY GENERAL, in their )  
personal/individual capacity, in 1996-2002; )  
ALEXANDRO C. CASTRO, former Judge Pro )  
Tem of the CNMI SUPERIOR COURT, in his )  
personal/individual capacity; JOHN A. )  
MANGLONA, Associate Justice of the )  
CNMI Supreme Court, in his )  
personal/individual capacity; TIMOTHY H. )  
BELLAS, former Justice Pro Tem of the CNMI )  
Supreme Court, in his personal/individual )  
capacity; PAMELA S. BROWN, present )  
Attorney General of the CNMI; in her )  
personal/individual capacity; )  
ROBERT A. **BISOM**; and JAY H. SORENSEN.)  
Defendants )



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:  
 SAIPAN MP 96950

Postage \$ 3.85  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 7.90

7099 3220 0001 3672 1202

Stamp: CALDER, ID NOV 18 2005 USPS

Name (Please Print Clearly) (To be completed by mailer)  
 MARIANO ISLAND, 56601 Juan B. BARTIA  
 Street, Apt. No., or PO Box No.  
 JUAN S. ATALIGORON BLVD.  
 City, State, ZIP+4  
 SAIPAN, MP 96950

PS Form 3800, July 1999 See Reverse for Instructions

SENDER. COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            x <i>Danny Adg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DA</i> C. Date of Delivery <i>11-30-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to            COMMONWEALTH            OF THE N. MARIANA ISLANDS            ATINSON JUAN B. BARTIA            CHIEF EXECUTIVE            OFFICER            JUAN S. ATALIGORON BLVD            HQ DRIVE CAPITOL HILL            SAIPAN, MP 96950</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label) 7099 3220 0001 3672 1202</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

